

Travelers Information

CHLOROQUINE

Chloroquine alone is used to prevent malaria for travelers going to specific geographical regions such as North Africa, the Caribbean, Temperate South America, and part of the Middle East. The adult dosage is 500 mg once weekly. The drug should be taken one week before entering a malarious area, weekly while there, and weekly for 4 weeks after leaving a malarious area.

Rare side effects to chloroquine include upset stomach, headache, dizziness, blurred vision, and itching. Generally these effects do not require the drug to be discontinued.

CHLOROQUINE-RESISTANT AREAS

MEFLOQUINE

250mg of mefloquine once a week should be taken one week before entering an endemic area, weekly while in the malarious area, and once a week for 4 weeks after leaving the malarious area.

Minor side effects may be experienced such as gastrointestinal disturbances and dizziness, which tend to be mild and temporary. More serious side effects at the recommended dosage have rarely occurred.

Mefloquine cannot be recommended in travelers with a history of epilepsy or psychiatric disorder, known hypersensitivity to mefloquine or having cardiac conduction abnormalities.

DOXYCYCLINE

Travelers unable to take mefloquine should take doxycycline to prevent malaria while travelling to a malarious area. Doxycycline is to be taken every day at an adult dose of 100 mg, beginning on the day of entry into the malarious area, while there, and to be continued for 4 weeks after leaving. While using doxycycline there is no need to use other preventive drugs including chloroquine.

Possible side effects include skin photosensitivity that may result in an exaggerated sunburn reaction. Using protections such as wearing a hat, sunblock can minimize this. Women on doxycycline may develop vaginal candidiasis and thus they should discuss this with their doctor before using the drug. Gastrointestinal symptoms (nausea and vomiting) seen in 3-7 % of the users.

Doxycycline cannot be used by pregnant women, Children under 8 years of age or by travelers with a known hypersensitivity to doxycycline.

CHLOROQUINE

Chloroquine is used to prevent malaria for travelers who cannot take mefloquine or doxycycline.

PROGUANIL

Travelers to sub-Saharan Africa who use chloroquine should, if possible also consider taking simultaneously, proguanil. The adult dose of proguanil is 200 mg/day.

EMERGENCY STAND-BY MEDICATION

Travelers to areas with a very low risk of infection should carry a stand-by medication instead of using chemoprophylaxis. The rationale for such a strategy is that in such areas the risk of adverse events may well exceed the benefits of avoided infection. Travelers with stand-by medication are instructed that, should malaria symptoms occur, they should first seek medical care. The stand-by medication can be used by the local doctor, or for self-medication if no medical care can be obtained within 12-24 hours after the onset of the illness.

Persons using mefloquine or doxycycline for prophylaxis do not need to carry stand-by medication. Only persons not using chemoprophylaxis or using chloroquine with or without proguanil in areas with chloroquine-resistant *P.falciparum* should carry medication with them. Among the drugs recommended as stand-by medication, Pyrimethamine-Sulfadoxine appears to be effective outside South-east Asia and South America, and it is well tolerated when used for treatment.

PYRIMETHAMINE-SULFADOXINE

In addition to stringent personal protection measures, travelers to areas with low risk of infection should take with them one or more treatment dose of pyrimethamine-sulfadoxine. Each treatment dose (adult) consists of 3 tablets to be taken as a single dose to treat any fever during the travel if professional medical help is not

available within 24 hours. Such presumptive treatment of a possible malaria infection is only a temporary measure ; the traveler should take medical help as soon as possible. Traveler should continue taking the weekly dose of chloroquine after treatment with pyrimethamine-sulfadoxine.

Pyrimethamine-sulfadoxine should NOT be used by persons who have history of sulfa allergy.

ANTI-MOSQUITO MEASURES

- Contact with mosquitoes can be reduced by remaining in well screened areas, using mosquito nets and wearing clothes that cover most of the body
- Protective effect of the clothing can be enhanced by impregnating or spraying it with a repellent or an insecticide.
- Topical repellents with diethyltoluamide (DEET) are effective, but they need to be applied every 2-3 hours
- Concentration of DEET should be between 25-30 %. Higher concentration should be avoided in infants and children
- Insecticides and coils are effective; in non-air-conditioned and inadequately screened rooms the mosquito net is an effective tool.
- Impregnation with permethrin increases the usefulness of the nets.

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